in the united states patent and trademark office

In e application of:

Edwards et al.

Attorney Docket No.: 9222.16953-CON DIV

Serial No.:

10/728,684

Examiner: Unknown

Filed:

5 December 2003

Group Art Unit: 3739

For:

Sphincter Treatment Apparatus

Commissioner for Patents PO Box 1450 Alexandria, VA 22313-1450 26308

PATENT TRADEMARK OFFICE

POWER OF ATTORNEY TRANSMITTAL

Transmitted herewith is a Power of Attorney for this application.

Kindly ensure that all future correspondence is directed to Daniel D. Ryan, RYAN KROMHOLZ & MANION, P.O. Box 26618, Milwaukee, WI 53226.

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Date: 6 February 2004

CERTIFICATE OF MAILING (37 CFR 1.8(a))

I hereby certify that this paper (along with any referred to as being attached or enclosed) is being deposited with the United State Postal Service on the date shown below with sufficient postage as first class mail in an envelope addressed as follows: Commissioner for Patents, PO Box 1450, Alexandria, VA 22313-1450

Linda S. Wenzel

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Linda S. Linda



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Stuart D. Edwards et al.

Group No.: 3739

Serial No.: 09/776,140

Examiner: Unknown

Filed: 2 February 2001

For: Sphincter Treatment Apparatus

Assistant Commissioner for Patents Washington, D.C. 20231

POWER OF ATTORNEY BY INVENTOR(S) (REVOCATION OF PRIOR POWERS)

As a named inventor for the above identified

[x] application

[] patent

REVOCATION OF PRIOR POWERS OF ATTORNEY

I hereby revoke all powers of attorney previously given and

NEW POWER OF ATTORNEY

I hereby appoint the following attorney(s) and/or agent(s) are hereby appointed to prosecute and transact all business in the Patent and Trademark Office connected therewith.

(list name and registration number)

Daniel D. Ryan (29,243) John M. Manion (38,957) Arnold J. Ericsen (16,879) Laura A. Dable (46,436)

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(check the following item, if applicable)

[] Attached, as part of this power of attorney, is the authorization of the above named attorney(s) to accept and follow instructions from my representative(s).



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